



# SINGLE/MULTITRIP TRAVEL

## Personal Liability Claim Form

Once completed, please return your claim form to:

ONE Claims Ltd  
1-4 Limes Court  
Conduit Lane  
Hoddesdon  
Herts  
EN11 8EP

Thank you for notifying us of your claim.

Please complete this claim form and return it to ONE Claims Ltd as soon as possible.

Please write clearly and in **BLOCK CAPITALS**.

Please provide full supporting documentation to avoid delays in processing your claim.

### Claimant Details (The Insured/Claimant(s)):

Title	Full Name(s)	Date of Birth	Occupation

Claimant address: \_\_\_\_\_

Postcode: \_\_\_\_\_ Email: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Usual country of domicile: \_\_\_\_\_

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Personal Liability Claim Form



CLAIMS

Certificate Number (Including Prefix): \_\_\_\_\_

Insurance Broker Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

.....

Travel Destination: \_\_\_\_\_ Country: \_\_\_\_\_

Resort: \_\_\_\_\_

Hotel: \_\_\_\_\_

.....

Departure Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Return Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

.....

Purpose of trip: - (Delete as applicable)

Business / Pleasure

If Business: - (Delete as applicable)

Clerical / Manual

If Manual please provide details of nature of work: \_\_\_\_\_

\_\_\_\_\_

.....

If your Claim is agreed, how would you like to be paid?

.....

Please tick box to choose preferred method of payment:

**Cheque:**  Confirm Payee name: \_\_\_\_\_

**Or direct to your bank account**  **(UK bank account only)**

Bank Name: \_\_\_\_\_ Branch: \_\_\_\_\_

Bank Sort Code: \_\_\_\_\_ Account No: \_\_\_\_\_

Account Holder: \_\_\_\_\_

.....

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Address of residence/hotel whilst abroad: \_\_\_\_\_

Date, time and place of incident: \_\_\_ / \_\_\_ / \_\_\_ : \_\_\_ AM/PM \_\_\_\_\_

Have you admitted liability? YES/NO

If **YES**, please explain why: \_\_\_\_\_

Full details of circumstances: \_\_\_\_\_

Please note any correspondence received from any third party is to be forwarded to ONE Claims Ltd, unanswered.

**DECLARATION - This must be signed.**

I/We declare that the above statements are true and correct to the best of my/our knowledge and belief. I/we have not withheld any information within my/our knowledge connected with this claim. I/we agree to provide the insurer with any further information as may be reasonably required. I/we understand that the insurer does not admit liability by issue of this form. **WARNING - the making of a fraudulent or knowingly exaggerated claim is a criminal offence. We investigate all cases and any person suspected of fraud is reported to the police with whom we always co-operate.**

**DATA PROTECTION ACT**

The insurance industry operates a number of anti-fraud initiatives. The information given on this form may be stored electronically and may be shared with other organisations for this purpose. I/We understand that you may ask for information from other organisations to check the answers I/we have provided.

Signature(s) \_\_\_\_\_ Date \_\_\_ / \_\_\_ / \_\_\_